

ANNUAL INFORMATION ACCESS CERTIFICATION AND SECURITY AGREEMENT

Individuals accessing Department of Corrections' information and information systems are required to annually certify their compliance with the CDC Information Security Policy (DOM, Section 49020.10.1).

I, _____, request authorization for the designated access to CDC information and information systems.

___ Use of CDC Workstation	___ Access to DDPS	
___ Access to CDC Network(s)	___ Access to OBIS	
___ Use of CDC Modems	___ Access to SCO	
___ Internet Access	___ Access to CLETS	
___ Access to the following CDC applications		
___ ARDTS	___ ATS	___ IATS
___ CCMS	___ SLAMM	___ PPAS
___ Pharmacy	___ Health Care Apps	___ CATS
___ WOTS	___ FMP	___ IST
___ Other Personnel Apps		

___ Access to other confidential and sensitive information (please describe)

I agree to the following:

- To use CDC information and information systems for authorized purposes only.
- I shall exercise all precautions necessary to assure the protection of CDC information in my care from unauthorized disclosure, access, modification and destruction.
- I have read/received CDC's Information Security Awareness guidelines/training, and understand my responsibilities as described in that material.
- I have read/received material describing CDC's physical security policies and procedures and understand my responsibilities as described therein.
- I understand that illegal use of CDC information and information systems may be a public offense punishable under Section 502 or the California Penal Code.

I certify that I received information security awareness training, as required annually, on _____, and am in compliance with applicable CDC information security policy.

SIGNATURE	NAME	DATE
LOCATION	DIVISION/UNIT	TELEPHONE
SUPERVISOR	NAME AND TITLE	DATE